

PRINT PARTICIPANT NAME

## PROGRAM REGISTRATION FORM 2022

- To sign up for a BV Rec program, please complete this registration form.

  Online registration is also available at <a href="mailto:buenavistarec.com">buenavistarec.com</a>.
- For participants who fill out a registration form at the program, an online account will be created for you. To register for future programs, participants can log in with their email and use the "Forgot your password?" link to add a password to your account and register.
- For participants under 18 years old, parents or guardians will need to create an account and add the participant to their family.

Questions? Contact BV Rec at programs@buenavistaco.gov or 719-395-1939

PARTICIPANT INFORMATION:				
NAME OF PARTICIPANT:				SHIRT SIZE:
DATE OF BIRTH:	AGE: GENDE	R:		☐ YOUTH SM
MOBILE PHONE NUMBER:				YOUTH MED YOUTH LG
EMAIL ADDRESS:				YOUTH XL ADULT SM
MAILING ADDRESS:				ADULT MED ADULT LG
CITY/STATE/ZIP CODE:				☐ ADULT XL
ALLERGIES OR MEDICAL CONDITIONS:				*not all programs include a shirt*
WOULD YOU LIKE TO DONATE TO THE BV REC SCHOOL	LARSHIP FUND? Yes - Ar	nount \$	No	
EMERGENCY CONTACT INFORMATION:				
NAME:				
IOBILE PHONE NUMBER: HOME/WORK PHONE NUMBER:				
PROGRAM INFORMATION:				
PROGRAM TITLE:	DATE/TIME:	FEE:	PAID:	@bvrec on Venmo
			Cash Chec	ck #: CC/Venmo
			Cash Chec	ck #: CC/Venmo
			☐ Cash ☐ Chec	ck #: CC/Venmo
THIS IS A RELEASE OF L	IABILITY- PLEASE READ	CAREFULLY I	BEFORE SIGNING	G
In consideration for allowing me to participate in the				

PARTICIPANT SIGNATURE (IF MINOR, PARENT/GUARDIAN SIGNATURE)

DATE